



House of Representatives

General Assembly

File No. 402

January Session, 2015

House Bill No. 5907

House of Representatives, April 2, 2015

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING NOTIFICATION TO EMERGENCY MEDICAL SERVICES ORGANIZATIONS REGARDING PATIENTS DIAGNOSED WITH AN INFECTIOUS DISEASE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-904 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2015*):

3 (a) As used in this section:

4 (1) "Infectious disease" includes (A) infectious pulmonary
5 tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human
6 immunodeficiency virus (HIV), including acquired immunodeficiency
7 syndrome (AIDS), (F) diphtheria, (G) novel influenza A virus
8 infections with pandemic potential, as defined by the National Centers
9 for Disease Control and Prevention, (H) methicillin-resistant
10 staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J)
11 meningococcal disease, (K) plague, and (L) rabies;

12 (2) "Exposure" means a percutaneous or mucous membrane

13 exposure of an individual to the blood, semen, vaginal secretions, or
14 spinal, synovial, pleural, peritoneal, pericardial or amniotic fluid of
15 another person;

16 (3) "Patient" means a person, whether alive or dead, who has been
17 attended, treated, assisted, handled or transported for medical care by
18 an emergency services member as a result of an emergency;

19 (4) "Emergency services member" means any police officer as
20 defined in section 7-294a, member of a paid or volunteer fire
21 department, emergency medical technician, ambulance driver, or
22 paramedic as defined in section 19a-175, when acting in an official
23 capacity;

24 (5) "Emergency medical technician" means any class of emergency
25 medical technician certified under regulations adopted pursuant to
26 section 19a-179, including, but not limited to, any advanced emergency
27 medical technician or emergency medical responder;

28 (6) "Emergency services organization" means the Division of State
29 Police within the Department of Emergency Services and Public
30 Protection, an organized local police department, municipal
31 constabulary, paid or volunteer fire department, ambulance company
32 or any organization whether public, private or voluntary that offers
33 transportation or treatment services to patients under emergency
34 conditions;

35 (7) "Hospital" has the same meaning as in section 19a-490; and

36 (8) "Designated officer" means the employee or volunteer of an
37 emergency services organization designated in accordance with
38 subsection (b) of this section.

39 (b) Each emergency services organization shall designate one
40 employee or volunteer to act as the designated officer to receive
41 notification of cases of possible exposure to infectious disease,
42 investigate cases of possible exposure, maintain hospital contact
43 information, request further information from hospitals and maintain

44 any records required under this section. The designated officer may
45 designate another employee or volunteer to serve as his or her
46 designee in the event that the designated officer is unavailable.

47 (c) (1) Any hospital that diagnoses a patient as having [infectious
48 pulmonary tuberculosis] an infectious disease shall verbally notify the
49 designated officer of the emergency services organization that
50 attended, treated, assisted, handled or transported such patient no
51 later than forty-eight hours after making such a diagnosis, and shall
52 make such notification in writing not later than seventy-two hours
53 after such diagnosis. Such notification shall include, but not be limited
54 to, the diagnosis and the date on which the patient was attended,
55 treated, assisted, handled or transported as a result of an emergency to
56 such hospital, provided the identity of the patient shall not be
57 disclosed in any such notification.

58 (2) Any hospital that determines that a patient, who died at or
59 before reaching such hospital and who was attended, treated, assisted,
60 handled or transported by an emergency services member, had
61 [infectious pulmonary tuberculosis] an infectious disease shall notify
62 the designated officer of such determination no later than forty-eight
63 hours after making such determination.

64 (d) (1) Any member of an emergency service organization who
65 believes that he or she may have been exposed to an infectious disease
66 through the member's contact with a patient who was attended,
67 treated, assisted, handled or transported by the member shall report
68 such possible exposure to the designated officer. The designated officer
69 shall immediately collect the facts surrounding such incident of
70 possible exposure and evaluate such facts to make a determination of
71 whether it would be reasonable to believe that the member may have
72 been exposed to an infectious disease. If the designated officer
73 determines that there may have been exposure to an infectious disease,
74 the designated officer shall submit a written request to the hospital
75 that received the patient requesting to be notified of the results of any
76 test performed on the patient to determine the presence of an

77 infectious disease. The request shall include:

78 (A) The name, address and telephone number of the designated
79 officer submitting the request;

80 (B) The name of the designated officer's employer or, in the case of a
81 volunteer emergency services member, the entity for which the
82 designated officer volunteers, and the name and contact information of
83 the emergency services member who may have been exposed to the
84 infectious disease; and

85 (C) The date, time, location and manner of the possible exposure.

86 (2) Such request shall be valid for ten days after it is made. If at the
87 end of such ten-day period no test has been performed to determine
88 the presence of an infectious disease, no diagnosis has been made or
89 the result of the test is negative, the hospital shall so notify the
90 designated officer who made the request. The notification shall not
91 include the name of the patient.

92 (3) Any hospital that receives a written request for notification shall
93 give an oral notification of the presence of an infectious disease or of a
94 confirmed positive test result, if known, to the designated officer no
95 later than forty-eight hours after receiving such request, and shall send
96 a written notification no later than three days after receiving such
97 request. If an infectious disease is present or the test results are
98 confirmed positive, both the oral and written notification shall include
99 the name of the infectious disease and the date on which the patient
100 was attended, treated, assisted, handled or transported by the
101 emergency services organization. Such notification shall not disclose
102 the name of the patient.

103 (4) If a designated officer makes a request pursuant to this
104 subsection and the patient has died at, or before reaching, the hospital
105 receiving such request, the hospital shall provide a copy of the request
106 to the medical facility ascertaining the cause of death if such facility is
107 not the hospital that received the original request.

108 (e) No cause of action for damages shall arise, or any civil penalty be
109 imposed, against any hospital or any designated officer for failure to
110 comply with the duties established by this section.

This act shall take effect as follows and shall amend the following sections:		
---	--	--

Section 1	<i>October 1, 2015</i>	19a-904
-----------	------------------------	---------

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which expands notification protections to emergency medical services personnel who may have been exposed to an infectious disease, does not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 5907*****AN ACT CONCERNING NOTIFICATION TO EMERGENCY MEDICAL SERVICES ORGANIZATIONS REGARDING PATIENTS DIAGNOSED WITH AN INFECTIOUS DISEASE.*****SUMMARY:**

Current law requires hospitals to notify emergency medical services (EMS) responders, through designated officers, that may have been exposed to infectious pulmonary tuberculosis when treating, assisting, or transporting a victim of an emergency, including victims who die at or en route to the hospital (see BACKGROUND). This bill expands the notification requirement to include possible exposure to the following infectious diseases:

1. hepatitis A, hepatitis B, and hepatitis C;
2. HIV and AIDS;
3. diphtheria;
4. novel influenza A virus infections with pandemic potential, as defined by the federal Centers for Disease Control and Prevention (CDC);
5. methicillin-resistant staphylococcus aureus (MRSA);
6. hemorrhagic fevers;
7. meningitis;
8. plague; and
9. rabies.

As under current law, a hospital that diagnoses a patient as having one of the above infectious diseases must notify the designated officer of the EMS organization that treated, assisted, or transported the patient (1) verbally, within 48 hours after the diagnosis and (2) in writing, within 72 hours after the diagnosis. If a hospital determines a patient who died at or en route to the facility had an infectious disease, it must notify the designated officer within 48 hours of this determination.

Additionally, existing law allows an EMS responder to initiate an inquiry based on a potential exposure incident (e.g., contact with body fluids, needlestick injury, etc.). But it prohibits any cause of action for damages or civil penalty against a hospital or designated officer for failing to comply with the notification law.

EFFECTIVE DATE: October 1, 2015

BACKGROUND

EMS Organization

By law, EMS organizations include (1) the State Police, (2) local police departments, (3) municipal constabularies, (4) paid or volunteer fire departments, (5) ambulance companies, or (6) other organizations that transport or treat patients under emergency conditions (CGS § 19a-904).

Designated Officer

A designated officer is an employee or volunteer of an EMS organization designated to (1) receive notice of cases of possible exposure to infectious disease, (2) investigate the cases, (3) maintain hospital contact information, (4) request additional information from hospitals, and (5) maintain any records the law requires. The law requires each EMS organization to identify one designated officer (CGS § 19a-904).

Related Federal Law

Part G of the 2009 Ryan White HIV/AIDS Treatment Extension Act

(P.L. 111-87) establishes a process for medical facilities to inform emergency responders that they may have been exposed to certain infectious diseases, so that they can make informed decisions about subsequent diagnosis, prevention, or treatment measures.

Notification occurs by either (1) an inquiry initiated by an EMS responder or (2) routine notification by a medical facility that determines that the victim of an emergency has a federal CDC-listed infectious disease.

The act does not apply to states with existing notification laws that are substantially similar to the federal law.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 27 Nay 0 (03/23/2015)